CASE 0:17-cv-05035-DSD-TNL Doc. 1-1 Filed 11/06/17 Page 1 of 65

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RECEIVED BY MAIL

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CLERK, U.S. DISTRICT COURT . ST. PAUL, MN

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U.S. DISTRICT COURT ST. PAUL

nmate Name: 1/1/de 1/ December 1	Nombre Del Preso:
PN#: 6924-	Numero De Identificacion Del Preso:
lousing Unit:	_ Unidad Del-Module:
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mate request:	Razon De La Visita
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Inmate Seen: ☐ Yes ☐ No	Addressed by: Date:	Received by:	Inmate Signature: Than	DECCH CO feeder!	110. Will foot 19	Inmate request 12 10 1000	Housing Unit: NOA	SPN #: (S) 4	MEND Medical Reconnectional CARE
Co-Pay Assessed: Yes No	(Refer to medical chart for medical staff response.)	Date: 11 115 Time: 820	Firma Del Preso:			Razon De La Visita:	Unidad Del Modulo:	Nombre Del Preso:	Medical Request (Recuesta Médica)

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SPN #:	Numero De Identificacion Del Preso:
lousing Unit:	Unidad Del Modulo:
Date: // ~//5~/ 5 [*]	Fecha:
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mate Signature: <u>4////////////////////////////////////</u>	Firma Del Preso:

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Site.			

Date: Infection in Food (12-02-15)

EXHIBIT 4

Inmate Name: VI CAVIII JEICE	Nombre Del Preso:
SPN#: 6924	Numero De Identificacion Del Preso:
Housing Unit: Seg	Unidad Del Modulo:
Date: 12/02/2015	Fecha:
Inmate request: Inced to See	Razon De La Visita:
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Addressed by: Date:	
Inmate Seen: Yes No	Co-Pay Assessed: Yes No
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EXHIBIT 5



Medical Inmate Memo

ORRECTIONAL CARE	· · · · · · · · · · · · · · · · · · ·
Inmate Name: Derice, Marvin	Housing Unit:
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the capies will be destroyed Thank UM	
Signature: 14325	
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Medical Inmate Mémo Version 3	Copyright © 2013 MEnD Correctional Care, LLC

Firma Del Preso:	Inmate Signature:
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nich work . Sh. I have	Confections to be change
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Blooden JUP. Kinnes	liverely required for any
Razon De La Visita:	Inmate request:
Fecha:	Date: 12/5/2015
Unidad Del Modulo:	Housing Unit: Jugary and the
Numero De Identificacion Del Preso:	SPN #: 6924
Nombre Del Preso:	Inmate Name: Marrin Spencer
Medical Request (Recuesta Médica)	ı m
Date: 12-5-16; 1 make request to change my medications	Date: 12-5-163 1 mg

Received hv.



Medical Request (Recuesta Médica)

EXHIBIT 7

Inmate Name: Nacyni Je no	Nombre Del Preso:
SPN #: 6924	Numero De Identificacion Del Preso:
Housing Unit:	Unidad Del Modulo:
Date: 17-10-15	Fecha:
Inmate request: \ \ NTCd to Sce	Razon De La Visita:
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is runing, and I can't	
realy See, blurry	
Inmate Signature: Mohim Boonce	⊀irma Del Preso:
Received by:	Date: Time: Time:
Addressed by: Date:	(Refer to medical chart for medical staff response.)
Inmate Seen: 🗌 Yes 🗌 No	Co-Pay Assessed: Yes No
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CASE 0:17-cv (050055 2050 H) (1 dec. 1-1 Filed 11/06/17 Page 9 of 65 EXHIBIT 8 12 | | / / / (1)

Mr Spencer, 6924

I have reviewed your chart, medications and recent clinic visits. I have discontinued the Bactrim and prescribed Amoxicillin for improved treatment compliance. You will take it 3 times a day for 10 days. Contact the clinic with any questions or concerns.

Thank you,

Gwen Blossom CNP

Court Exhibit No:

Spencer, Marvin 02/03/1963 NURSE NOTE/VERBAL ORDERS

Office/Outpatient Visit

Visit Date: Tue, Jan 6, 2015 05:42 pm

Provider: Michelle Skroch, RN (Supervisor: Todd Leonard, MD)

Location: Sherburne County Jail Medical Unit

Electronically signed by provider on 01/06/2015 Printed on 07/17/2017 at 2:48 pm.

SUBJECTIVE:

CC: Patient seen in clinic to remove sutures and discuss reasoning for not signing diabetic flow sheet

HPI: Inmate states he thinks it's stupid that he has to sign the flow sheet

States he had a piece of metal under the skin on the bottom of his foot so he took a toenail clipper and dug it out the other

States he had been letting his foot air out anytime he is in lock down. Denies picking at the area

OBJECTIVE:

Exams: Small scab on the bottom of his foot where he claims he removed a piece of metal. Healing well. no signs of infection. Wound closed

prepare dressings or consult with the provider. Cleansed with sterile water. Small amount of yellow drainage warm, red, or swollen. Inmate quick to touch affected area and pry toes apart, especially when nursing staff looks away to the scabbed area of the upper half of the wound cracks open under the sutures. Odorous. CMS intact of all toes. Foot not separating the toes. Gapping. No sutures here. Wound bed white. Surrounding skin macerated. When toes separated, intentionally removed - scab extends into this region. Lower half of the wound is between the toes. Visible only when Sutures intact. Wound under the sutures scabbed over yet slightly moist. Skin peeled back along the edges as if it was

PLAN: Inmate explained the purpose of signing the flow sheet - he states he'll think about signing it.

Told to let us know in the future if he thinks something is not right about his foot and we will proceed forward. He, under no circumstances, should ever take a toenail clipper to remove something from his foot.

dressing change. Will remove sutures when ready. Inmate aware we will call housing prior to seeing him so he can remove dressing and shower prior to coming down - verbalized understanding. NP Gwen and Dr. Todd consulted, agree with above plan. VORB to discontinue Bactrim and start Clindamycin 300mg 1 tab PO TID $_{
m X}$ 10 days. Telfa applied between the toes and secured in place with tape. Inmate to keep dressing intact. Will call to clinic daily for

DDENDUMS:

Addendum: 01/06/2015 06:15 PM - Pfeifer, Alyssa

Spencer, Marvin 02/03/1963 NURSE NOTE/VERBAL ORDERS

Office/Outpatient Visit

Visit Date: Wed, Jan 7, 2015 10:12 am

Provider: Cassandra James, RN (Supervisor: Todd Leonard, MD)

Location: Sherburne County Jail Medical Unit

Electronically signed by provider on 01/07/2015 Printed on 07/17/2017 at 2:48 pm.

SUBJECTIVE:

CC: Inmate seen for dressing change between toes and for sick call:

1/6/15: "Refund for pain medicin. this was due to facility plasing me in a unit that closed down. I'm requesting for my \$5.00 refund"

OBJECTIVE:

Exams:

PHYSICAL EXAM:

SKIN: Maceration present in between toes on R foot noted. Stitches still intake. Small amount of SS drainage noted on old dressing. Would cleansed with NS and covered with Telfa and tape.

PLAN: Inmate to be seen daily for dressing change. Inmate did not bring up sick call when writer asked inmate if there was anything else that he needed today. Inmate returned to housing.

ADDENDUMS:

Addendum: 01/07/2015 02:33 PM - Leonard, Todd A

GB

CPT @ is a registered trademark of the American Medical Association

Sgt. Kolbinger

CASE 0:17-cv-05035 DECTALY 10-14-1-Citalen 11/05/10/10/10/20 of 65 and Equate foot ware shope 8/22/16

Mr Spencer, 6934

The shoes have been requested. This has been sent to USM for approval. Approval has not been received at this time. The request for eye surgery has been deferred at this time by the USM. This request will be re-evaluated after a follow up evaluation.

Thank you,

Gwen Blossom FNP

One week later after incident, I was move out of Unit

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Sherburne County Jail

Informal Disciplinary Action/Notice of Violation and Sanction Sanctions not to exceed 24 hours

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Sanctions to begin on 12/11/14,	Sanctions Administered: Sanctions Administered: Unit/Cell Locked	Housing Officers. At 1000 hours Inmate Spencer, Marvin (SPN 6924 DOB 02/03/63) approached the staff desk and informed us that he could not make a phone call because his phone pin was in use. It was discovered what inmate was using his phone pin and while I was escorting that inmate to his cell Inmate Spencer approached him. I mate Spencer stated "Are you the one using my phone pin" and the two inmates squared off with each other in a menacing posture. I instructed both inmates to lockdown and they both failed to comply with my lockdown order. The inmates continued to square off and yell about the phone pin while I continued to tell both inmates to lockdown. It took 3 lockdown orders for Inmate Spencer to comply and start to walk to his cell. Inmate Spencer was then informed that he would be locked down and was secured in his cell. End of Report.)	Type of Incident:Failure to Comply	Witnesses:	Rule#:41 Rule#:55	Inmate: Spencer, Marvin PIN:6924 You have been cited for the following violation(s) of rules outlined in the Inmate handbook:	ICR #:2014027772 Badge#:3341
1000. Sanctions en	lown issary	On 12/11/14 I, CO Rourke, Jim (badge #3341) was assigned as one of the Gamma hours Inmate Spencer, Marvin (SPN 6924 DOB 02/03/63) approached the staff deald not make a phone call because his phone pin was in use. It was discovered what pin and while I was escorting that inmate to his cell Inmate Spencer approached his you the one using my phone pin" and the two inmates squared off with each other ucted both inmates to lockdown and they both failed to comply with my lockdown ed to square off and yell about the phone pin while I continued to tell both inmates wn orders for Inmate Spencer to comply and start to walk to his cell. Inmate Spence yould be locked down and was secured in his cell. End of Report.	Place of Incident:Gamma	Type of Inmate:USM	Rule#:	DOB : 02/03/14 g violation(s) of rules outlined in the	11
Sanctions end on 12/11/14. Date		#3341) was assigned as one 924 DOB 02/03/63) approach hone pin was in use. It was d ate to his cell Inmate Spencer he two inmates squared off way both failed to comply with the pin while I continued to tell y and start to walk to his cell in his cell. End of Report.	Time of	7	Rule#:	PIN:6924 e Inmate handbook:	nours
2000 <u>.</u> Time	Loss of library use \(\times \) Loss of AA Loss of telephone \(\times \) Loss of TV Loss of general visitation of School \(\times \) Loss of Programs(Specify) Other: Creative Sanction (explain): \(\times \)	d as one of the Gamma upproached the staff desk It was discovered what Spencer approached him. The doff with each other in oly with my lockdown led to tell both inmates to his cell. Inmate Spencer eport.	1000		Rule#:	DATE:12/11/14	

Correction Officer Programmer

Problem Report

Badge#

Date

Time

TASKMAN NOTE

From: Leonard, Todd Date: 04/20/2015 02:15 PM To: Orders, DR

Subject: Spencer, Marvin Priority: Normal Category: Other

Please give to patient,

Mr Spencer,

I spoke with the Podiatrist, Dr Runde, he recommends for you to purchase the shoes with the velcro straps. These can be bought through the commissary. He stated the toe/foot has healed well. They sufficient funds for this purchase. Continue to contact the clinic for your medical concerns. will offer you additional padding and support. I have checked your Keefe account and there is

Thank you,

Gwen Blossom FNP

Attachments:
Open chart: Spencer, Marvin

EXHIBIT 1/3

	Addressed by:	Received by:	Inmate Signatu	To all the same sa	To been	当人 CXCAt	Date: 2-	Housing Unit:_	SPN#:	Inmate Name:	CORRECTIONAL CARE
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Inmate request: 10: Whom
Date: 12-13-15
Housing Unit:
SPN #: 6474
Inmate Name: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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Housing Unit: Walk Control Unidad Del Modulo:	
SPN #: (0924 Numero De Identificación Del Preso:	
Inmate Name://ビルバ 臭スパセクト Nombre Del Preso:	
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ate: (Refer to medical chart for medical staff response.) No	Firma Del Preso:	DE D	Razon De La Visita:	Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha:	Request (Recuesta Médica) Nombre Del Preso:

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EXHIBIT 19

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CASE 0:17-cv-05035-DSD-TNL Doc. 1-1 Filed 11/06/17 Page 21 of 65 Date: Diabatic bag mail MEND Medical Request (Page 25 Más Medical Request (Recuesta Médica)

CORRECTIONAL CARE	Nambra Dal Brook
Inmate Name: 71 / 1/10(1) 3001/00 () SPN #: 6/24	Nombre Del Preso:
	Numero De Identificacion Del Preso:
Housing Unit:	Unidad Del Modulo:
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CORRECTIONAL CARE	edical Inmate Memo

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Signature: ______

Date: Denied Achologen #3-16-16

EXHIBIT 26

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Medical Inmate Memo

Inmate Name:	la rin	Housing Unit:
Mr. Spencer		
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Medical Inmate Memo	Version 3	Copyright © 2013 MEnD Correctional Care
Inmate Name: 1/10/21/ SPN #:	Nombre Del P	Recuesta Médica) EXHIBIT 25 Preso: entificacion Del Preso:
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Date: 03/06/2016	Fecha:	
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6-76	Fecha:
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Clark C Pallant	Razon De La Visita:
In the ever overicle	continent for Surgery
Pri tre ext spirals	20 tolom on suit
The state of the s	tye is getting worse
ST TOID ME he	and you are talking
raking and app	char getting USM, approval
iture: Muri Ste	Firma Del Preso: 1 Cots alany appro

	Date: 3/16/16 Time: 2136
ру:Date:	(Refer to medical chart for medical staff response.)
Inmate Seen: ☐ Yes ☐ No	
Manager of the control of the contro	
MEND	EXHIBIT 28
Medical Re	quest (Recuesta Médica)
Inmate Name: Moun Boncol	
1 1 2 2 3 1	Nombre Del Preso:
SPN #:	At the second se
Housing Unit: Sortan 17	Numero De Identificacion Del Preso:
1	Numero De Identificacion Del Preso: Unidad Del Modulo:
Date: 14/16,2016	
Inmate request \ \(\lambda \)	Unidad Del Modulo:
Inmate request for second to such a some of for your on the	Unidad Del Modulo:Fecha:
Inmate requested seed to make	Unidad Del Modulo: Fecha: Razon De La Visita:
Inmate request for second to such a some of for your on the	Unidad Del Modulo: Fecha: Razon De La Visita: Linux thus, Shin Should
Inmate request of second to make a some in the afternoon	Hazon De La Visita: Razon De La Visita: Line thue Shin should Ande care of my high
Inmate requested new to reach a request for your to change in the afternoon to the cut two four runt cut happing time	Hond Del Modulo: Fecha: Razon De La Visita: Lince thue, Shin should Ande care col my high
Inmate request of social to social de sequest for social to change of the afternoon to the afternoon to the cut the hour time.	Hazen De La Visita: Razen De La Visita: Line Should Africa Care of my high Africa Care of my high Africa Care of Many high Arange Africa Care of Many high Ara
Inmate request of real to riche a region for the afternoon to the afternoon to the cut the court the cut the court the cut the	Hard Care of my high
Inmate request of see to such a some in the afternoon Lindler in the afternoon To the will the four Tends my sook as of Inmate Signature: Mann Gs	Unidad Del Modulo: Fecha: Razon De La Visita: Lind thue Shin Should Ande care col my high All Sungar Firma Del Preso:
Inmate request of see to such a some in the afternoon To the cut the afternoon To the cut the poek Tent cet hapred time Touse my sout as of	Unidad Del Modulo: Fecha: Razon De La Visita: Linox time, Shin Shonk Adde care col my high Adde strugge Tirma Del Preso: Date: 3/16//6 Time: 7/10

	ΜE	Ν	D
11.7			

Addressed by

EXHIBIT 29

(Refer to medical chart for medical staff response.)

Medical Request (Recuesta Médica)

CORRECTIONAL CARE	dest (ixecuesta Medica)
Inmate Name: Marion Jane	Anombre Del Preso:
SPN#: 6924	Numero De Identificacion Del Preso:
Housing Unit: Joge Cantern	Unidad Del Modulo:
Date: 1 Jacket 19, 2016	Fecha:
Inmate request: A weart my	Razon De La Visita:
Endline Change, Back	
to what is upo, then	
Lound Suin to	
line mis medication	
the felet allong	
Inmate Signature: Wing fi	Firma Del Preso:
	<u>.</u> ,,,
Received by: 6m454a	Date: 3-19-1(Time:
Addressed by: Date:	(Refer to medical chart for medical staff response.)
Inmate Seen: ☐ Yes ☐ No	Co-Pay Assessed: ☐ Yes ☐ No
Inmate Name: SPN #: Housing Unit: Date: Inmate request: Inmate request: Invant for you To Invareas ymy insulin The 8 units lantus at Each Meal time (3) Times a day, This is What I want for beda	Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha: Razon De La Visita: ON Sign Control
Inmate Signature:	Firma Del Preso:
Received by:	Date: 3 21 14 Time: 0730

Date:



Date: March 29,2016

EXHIBIT 31

Inmate Name: // pulm Spencel	Nombre Del Preso:
SPN#: 6924	Numero De Identificacion Del Preso:
Housing Unite Society Time	Unidad Del Modulo:
Date: March 29, 2016	Fecha:
Inmate request: Jo so the	Razon De La Visita:
foot Doctor Y have a	
30 toe noil profilem	
Hats is bleding very	
Deadly	
Inmate Signature: Normal Sponger	Firma Del Preso:
(
Received by:	Date: 3/30//6 Time: 1500
	(Refer to medical chart for medical staff response.)
Inmate Seen: ☐ Yes ☐ No	Co-Pay Assessed: Yes No
N School Collinson	
CORRECTIONAL CARE Medical Re	quest (Recuesta Médica)
Inmate Name: // // // // // // CON # / / // // // // // // // // // // //	
SPN #: () (Numero De Identificacion Del Preso:
Housing Unit:	Unidad Del Modulo:
Date: 1 C/CO	Fecha:
Inmate request: 1 Wait to	Razon De La Visita:
Charles Cont	
Pain +00	
Pam	
	- The second sec
Inmata Cianatural Machine San	
Inmate Signature:	Firma Del Preso:
Received by: (133)	Date: 1/1/Time: UT TO

Date: Pairin my Left fook

EXHIBIT 33



Inmate Name: Marvin Spacer	Nombre Del Preso:
SPN #: <u>\QQ24</u>	Numero De Identificacion Del Preso:
Housing Unite Pacific Ation	Unidad Del Modulo:
~ \ \ \	
Date: April 5, 2016	Fecha:
Inmate request: 10 See the	Razon De La Visita:
Podiatrist about 1114	<u>toe.</u>
Showing sign of infec	
tion, and blading 1	
also have pain in my	Firms Del Press
Inmate Signature: Morrison Sponcer	- Firma Dei Preso:
(2006)	- 4 - 1
Received by:	Date: 4.5-16.0 Time: _/45\\
Addressed by: Date:_	(Refer to medical chart for medical staff response.)
	O Day Assessed I Was I I No.
	Co-Pay Assessed: Yes No
Inmate Seen: ☐ Yes ☐ No	
Inmate Seen: Yes No	2,20(e) EXHIBIT 34
Inmate Seen: Yes No Pate: (April 1) Medical Rec	
Inmate Seen: Yes No Date: April Medical Rec	Z, 20(e) Recuesta Médica)
Inmate Seen: Yes No Pate: (April MEND Medical Rec Inmate Name: ///. Wowin Spercer	Z, 20(e) EXHIBIT 34 Juest (Recuesta Médica) Nombre Del Preso:
Inmate Seen: Yes No Pate: (April MEND Medical Rec Inmate Name: 1/2. Work Spercer SPN#: 6924	Z, ZO(Le) EXHIBIT 34 Juest (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso:
Inmate Seen: Yes No Pate: April Medical Rec Inmate Name: 1/r. Wowin Spercer SPN #: 6924 Housing Unit: Segergation	Z, ZO(Le) EXHIBIT 34 Juest (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo:
Inmate Seen: Yes No Date: April Medical Rec Inmate Name: Y/A. Whair Spercer SPN #: 6924 Housing Unit: Segeration Date: 14 pril 1. 2016	Z, ZO(Le) EXHIBIT 34 Juest (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha:
Inmate Seen: Yes No Date: April Medical Rec Inmate Name: Y/A. Whais Specce SPN #: 6924 Housing Unit: Segeration Date: April 1. 2016 Inmate request: For heap 1114	Z, ZO(Le) EXHIBIT 34 IUEST (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha: Razon De La Visita:
Inmate Seen: Yes No Date: April Medical Rec Inmate Name: Y/A. Whair Spercer SPN #: 6924 Housing Unit: Segeration Date: 14 pril 1. 2016	Z, ZO(Le) EXHIBIT 34 IUEST (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha: Razon De La Visita:
Inmate Seen: Yes No Date: April Medical Rec Inmate Name: Y/A. Whais Specce SPN #: 6924 Housing Unit: Segeration Date: April 1. 2016 Inmate request: For heap 1114	Z, ZO(Le) EXHIBIT 34 IUEST (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha: Razon De La Visita:
Inmate Seen: Yes No Date: April MEND Medical Rec Inmate Name: Y/C. Whim Spencer SPN #: 6924 Housing Unit: Segeration Date: Housing Unit: For heap iny Aft Foot 4th toe is constantly	Z, ZOVe) EXHIBIT 34 JUEST (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha: Razon De La Visita: / List This Why my hae
Inmate Seen: Yes No Date: April MEND Medical Rec Inmate Name: Y/A. Illavia Spercer SPN#: 6924 Housing Unit: Segengation Date: April 1. 2016 Inmate request: For heap iny Aft foot 4th toe is constantly In pain, and is blooding	Z, ZOLe) EXHIBIT 34 JUEST (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha: Razon De La Visita: List. This why my foe Luas amputated IN thic
Inmate Seen: Yes No Date: April MEND Medical Rec Inmate Name: Y/A. Illavia Spercer SPN#: 6924 Housing Unit: Segengation Date: April 1. 2016 Inmate request: For heap iny Aft foot 4th toe is constantly In pain, and is blooding	Z, ZOLe) EXHIBIT 34 JUEST (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha: Razon De La Visita: List. This why my foe Luas amputated IN thic
Inmate Seen: Yes No Date: April Medical Rec Inmate Name: Y/A. Illavia Spercer SPN#: 6924 Housing Unit: Segengation Date: 1/April 1/2016 Inmate request: For heap iny Ieft foot 4th be is constantly in pain, and is blooding all the time, I need to see the to save my toe not	2,20(e) puest (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha: Razon De La Visita: Ist. This why my the Was amputated in the First place you know You nee to send out
Inmate Seen: Yes No Date: April Medical Rec Inmate Name: ////////////////////////////////////	2,20(e) puest (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha: Razon De La Visita: / List. This why my toe Was amputated in the First place you know You ree to sent out right civry. to save my fac
Inmate Seen: Yes No Date: April Medical Rec Inmate Name: ////////////////////////////////////	2,20(e) puest (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha: Razon De La Visita: / List. This why my toe Was amputated in the First place you know You ree to sent out right civry. to save my fac

(Refer to medical chart for medical staff response.)



Addressed by:

Inmate Name:	Nambra Dal Praca:
	Nombre Del Preso:
SPN#: TRIO COLLEGE	Numero De Identificacion Del Preso:
Housing Unit:	Unidad Del Modulo:
Date:	Fecha:
Inmate request:	Razon De La Visita:
Brest garage and the	
Frank Bulg Pole March	
Acres 11 11 Wat I to V	
trick to the handsty to	
Minn sint SUC	
Inmate Signature:	Firma Del Preso:
Received by: TA 4MM	Date: 4-4-1/ Time: 1090
	(Refer to medical chart for medical staff response.)
	Co-Pay Assessed: Yes No
MEND Medical Rec	EXHIBIT 36
CORRECTIONAL CARE	quest (Recuesta Médica)
CORRECTIONAL CARE	Nombre Del Preso:
Inmate Name: 1000	Nombre Del Preso:
Inmate Name: Marine arener	
Inmate Name: \\\ \langle \langle \\\ \\ \langle \\\ \langle \\ \langle \\\ \la	Nombre Del Preso:Numero De Identificacion Del Preso:
Inmate Name: Marine Grances SPN #: 1000 + Housing Unit: 100 + 10	Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo:
Inmate Name: Minimate	Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha:
Inmate Name: Market Armore SPN #: Louising Unit: Armore Date: Market Armore Inmate request: 1000000000000000000000000000000000000	Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha:
Inmate Name: Market Armore SPN #: Louising Unit: Armore Date: Market Armore Inmate request: 1000000000000000000000000000000000000	Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha:
Inmate Name: Market Armore SPN #: Louising Unit: Armore Date: Market Armore Inmate request: 1000000000000000000000000000000000000	Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha:
Inmate Name: Market Armore SPN #: Louising Unit: Armore Date: Market Armore Inmate request: 1000000000000000000000000000000000000	Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha:
Inmate Name: Market Armore SPN #: Louising Unit: Armore Date: Market Armore Inmate request: 1000000000000000000000000000000000000	Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha:
Inmate Name: A Court Armore SPN #: Louising Unit: L	Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha: Razon De La Visita:

MEND

Addressed by:

EXHIBIT 37

Medical Request (Recuesta Médica)

Inmate Name: Month, warden	Nombre Del Preso:
SPN #: (211-)-14-	Numero De Identificacion Del Preso:
Housing Unit:	Unidad Del Modulo:
Date: 4/11/2/0	Fecha:
Inmate request:	Razon De La Visita:
a com to see suddite	
HOUS Short Circly Lane	
Hon Kan Man was wife Pro	
F. L. Mach. Hard. tra	
上起(期,②	
Inmate Signature:	Firma Del Preso:
Received by: //Apm DW	Date: 4 / 1 / Time: _//45
Received by: Addressed by: Date:	
Inmate Seen: ☐ Yes ☐ No	Co-Pay Assessed: Yes No
Inmate Seen: ☐ Yes ☐ No	Co-Pay Assessed: ☐ Yes ☐ No
Inmate Seen: ☐ Yes ☐ No	
Inmate Seen: Yes No MEND Medical Recommate Name: Inmate Name: Inmat	EXHIBIT 38 Quest (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha:
Inmate Seen: Yes No MEND Medical Recommate Name: Inmate Name: Inmat	EXHIBIT 38 Quest (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha:
Inmate Seen: Yes No MEND Medical Recommate Name: Inmate Name: Inmat	EXHIBIT 38 Quest (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha:
Inmate Seen: Yes No MEND Medical Recommate Name: Inmate Name: Inmat	EXHIBIT 38 Quest (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha:

Date:__

(Refer to medical chart for medical staff response.)



Addressed by:

Date: 13.2016

EXHIBIT 39

Medical Request (Recuesta Médica)

Inmate Name: 11 Janin Spencer	Nombre Del Preso:
SPN #: 6924	Numero De Identificacion Del Preso:
Housing Unit: Sec	Unidad Del Modulo:
Date: Horil 13, 2016	Fecha:
Inmate request: to regreat the	Razon De La Visita:
Side efforts, and what do	
it treat	
Clindamycin HC1 \$	
Amoxicillin	
Inmate Signature:	Firma Del Preso:
Received by: 4245	Date: 4446 Time: 430
	: (Refer to medical chart for medical staff response.)
Inmate Seen: ☐ Yes ☐ No	Co-Pay Assessed: Yes No
MEND Medical Rec	EXHIBIT 40
MEND Medical Rec	EXHIBIT 40 quest (Recuesta Médica)
MEND Medical Reconnectional care	EXHIBIT 40 Quest (Recuesta Médica) Nombre Del Preso:
MEND CORRECTIONAL CARE Inmate Name:	EXHIBIT 40 Quest (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso:
MEND MEND Medical Rec Inmate Name:	EXHIBIT 40 Quest (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo:
MEND Medical Rec Inmate Name: SPN #: Housing Unit: Date:	EXHIBIT 40 Quest (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha:
MEND CORRECTIONAL CARE Inmate Name: SPN #: Housing Unit: Date:	EXHIBIT 40 Quest (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo:
MEND Medical Rec Inmate Name: SPN #: Housing Unit: Date:	EXHIBIT 40 Quest (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha:
MEND CORRECTIONAL CARE Inmate Name: SPN #: Housing Unit: Date:	EXHIBIT 40 Quest (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha:
MEND Medical Rec Inmate Name: SPN #: Housing Unit: Date:	EXHIBIT 40 Quest (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha:
MEND CORRECTIONAL CARE Inmate Name: SPN #: Housing Unit: Date:	EXHIBIT 40 Quest (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha:
MEND CORRECTIONAL CARE Inmate Name: SPN #: Housing Unit: Date: Inmate request: CX/CoCore	Puest (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha: Razon De La Visita:
MEND CORRECTIONAL CARE Inmate Name: SPN #: Housing Unit: Date: Inmate request: OX/CoCore nmate Signature:	EXHIBIT 40 Quest (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha:

Date:

(Refer to medical chart for medical staff response.)

MEND

EXHIBIT 41

Inmate Name: 1 10 TV IN DENCE!	Nombre Del Preso:
SPN #: 6994	Numero De Identificacion Del Preso:
Housing Unit: Sec	Unidad Del Modulo:
Date: 14001 13,2016	Fecha:
Inmate request: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Razon De La Visita:
the facility dietiction	
I want to ask girstion	
alternate Mel.	
Inmate Signature: Marvin Sponer	Firma Del Preso:

Received by ALN	Date: 4 14 10 Time: 0700
Addressed by:Date:_	(Refer to medical chart for medical staff response.)
Inmate Seen: ☐ Yes ☐ No	Co-Pay Assessed: Yes No
Inmate Name: 11 hours Sported	quest (Recuesta Médica) Nombre Del Preso:
SPN #:	Numero De Identificacion Del Preso:
Housing Unit: Off	
1.000901	
Date: 740/20075, 2016	Unidad Del Modulo:
Inmate request 1 suart 10	
	Unidad Del Modulo:
Inmate request 1 reach 10	Unidad Del Modulo:
Inmate request 1 reach 10	Unidad Del Modulo:
Inmate request 1 reach 10	Unidad Del Modulo:
Inmate request 1 reach 10	Unidad Del Modulo:
Inmate request 1 reach 10	Unidad Del Modulo:
Inmate requests I heard to AND DIMETERS (HORA) LANGESTA VOL MET (eft feel 2 N	Unidad Del Modulo: Fecha: Razon De La Visita:
Inmate requests I heard to AND DIMETERS (HORA) LANGESTA VOL MET (eft feel 2 N	Unidad Del Modulo: Fecha: Razon De La Visita:

inmate Name: •••	bovin 8	pencer	Nombre Del Preso:	grange to the second
SPN#: 692	4		Numero De Identificacion De	el Preso:
Housing Unit:	eg		Unidad Del Modulo:	TP ·
Date: POCI	19, 201	10	Fecha:	1100
Inmate request:	want	to	Razon De La Visita:	
l'ake a	timely.	reques		The state of the s
for an	- ray	℃		4
the tole	ft foot	<u>2d</u>		le v
toe.				الم المناس
	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Inmate Signature:	Marvin Sp	ercer	Firma Del Preso:	
*******	of ~ for your y	********	;	
Received by:	Mul ZXV.		Date: 4/20/16	Time: 1650
Addressed by:		Date:_	(Refer to medical chart f	or niedical staff respon
	Inmate Seen:	Yes 🗌 No	Co-Pay Assessed: TY6	es 🗍 No
		T. C.		EXHIBIT 44
MEND CORRECTIONAL CARE		al Req	uest (Recuest	EXHIBIT 44
MEND CORRECTIONAL CARE Inmate Name:		al Req		EXHIBIT 44 a Médica)
CORRECTIONAL CARE Inmate Name: SPN #:		al Req	uest (Recuest	EXHIBIT 44 a Médica)
<u>, </u>		al Req	uest (Recuest Nombre Del Preso:	EXHIBIT 44 a Médica) I Preso:
SPN #:		al Req	Line State Recuest	EXHIBIT 44 a Médica) I Preso:
SPN #:	Medic	al Req	Nombre Del Preso: Numero De Identificacion De Unidad Del Modulo:	EXHIBIT 44 a Médica) I Preso:
SPN #:	Medic	al Req	Nombre Del Preso: Numero De Identificacion De Unidad Del Modulo: Fecha:	EXHIBIT 44 a Médica) I Preso:
SPN #:	Medic	al Req	Nombre Del Preso: Numero De Identificacion De Unidad Del Modulo: Fecha:	EXHIBIT 44 a Médica) I Preso:
SPN #:	Medic	al Req	Nombre Del Preso: Numero De Identificacion De Unidad Del Modulo: Fecha:	EXHIBIT 44 a Médica) I Preso:
SPN #:	Medic	al Req	Nombre Del Preso: Numero De Identificacion De Unidad Del Modulo: Fecha:	EXHIBIT 44 a Médica) I Preso:

BP-A148.070 SEP 98

INMATE REQUEST TO STAFF MEMBER

U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE:
) wit Co	
FROM:	REGISTER NO.:
	*
WORK ASSIGNMENT:	UNIT:
SUBJECT: (Briefly state your question or concern and the so Your failure to be specific may result in no action being taken. respond to your request.)	lution you are requesting. Continue on back, if necessary. If necessary, you will be interviewed in order to successfully
	•
	<u> </u>
	,
(Do not write b	pelow this line)
DISPOSITION:	
•	
Signature Staff Member:	Date:

Thank vous

clinic with any questions or concerns.

A request for follow up with the eye specialist has been placed. This will require USM approval, once approved an appointment will be made for you. I will let you know if there is a problem. Contact the

Mr Spencer, 6924

Spencer, Marvin 6924 N

Mr. Spencer,

We have received your medical requests and they have been forwarded to the provider to follow up. Notify clinic if you have additional concerns.

LB RN 8/20/16

Μ	Ε	N	D	
 		_		

Received by:

Addressed by:_

iesta Médica)

Time: 06 00

(Refer to medical chart for medical staff response.)

	quest (Recuesta Medica)
Inmate Name: Marvin Spencer	Nombre Del Preso:
SPN #: (29,21)	Numero De Identificacion Del Preso:
Housing Unit: Sea	Unidad Del Modulo:
Date: 14,001 28,2016	Fecha:
Inmate request: \ \ \(\omega\) \(Razon De La Visita:
to have a copy of	
the X-ray of Thy	256.
1ct fool from April	
27.2016	
Thaith you	
Inmate Signature: Marry Con Soom	Firma Del Preso:

Date:

Inmate Seen: Yes No

Date: 4/28/16

Co-Pay Assessed:
Yes
No

EXHIBIT 46

(Refer to medical chart for medical staff response.)

Co-Pay Assessed: Yes No

CORRECTIONAL CARE	quest (Recuesta Médica)
Inmate Name: Morvin Specier	Nombre Del Preso:
SPN#: (0924	Numero De Identificacion Del Preso:
Housing Unit: Sea	Unidad Del Modulo:
Date: April 29, 2016	Fecha:
Inmate request: Making a	Razon De La Visita:
request to see Dr.	
lodd about my msulin	<u>e</u> <u> </u>
Chang. I request to	
go back to my to	
Unit at each meditime	
Inmate Signature: Moroton Spenier	Firma Del Preso:
	Date: ☐ 29-16 Time: ☐ 20 (Refer to medical chart for medical staff response.) Co-Pay Assessed: ☐ Yes ☐ No
MEND Medical Rec	quest (Recuesta Médica)
Inmate Name: 1 /CKN10) Spence	Nombre Del Preso:
SPN #: (6().3(4)	Numero De Identificacion Del Preso:
Housing Unit:	Unidad Del Modulo:
Date: 03/0 /16	Fecha:
Inmate request: (L nuck to	Razon De La Visita:
NOT The Martine To	·
the some place it.	
- William of the	· ————————————————————————————————————
	·
111	
Inmate Signature: /////	Firma Del Preso:
19/62.0	Date: <u>3/8/16</u> Time:
Received by:	Date. 1/2/16 Time. 10/0

Date:_

Inmate Seen: Yes No

Addressed by:

EXHIBIT 48

(Refer to medical chart for medical staff response.)

ΜI	ΞN	D

Inmate Name: Mahau Spenier SPN #: LOGS4 Housing Unit: Paraction	Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo:
O INTERIORIS	Fecha:
Inmate request: I won't to make it cloar that dirtien to may to may to insuling at each need time this what near time this what near time this what near time.	Razon De La Visita: Por mo Co mo Boctor had paricipho My insulus fack !
	- 01/04/6 Tono 05 h
	Date: 04/04/6 Time: 08/0
	(Refer to medical chart for medical staff response.)
Inmate Seen: ☐ Yes ☐ No	Co-Pay Assessed: ☐ Yes ☐ No
MEND Medical Req	EXHIBIT 49 uest (Recuesta Médica)
iviedical Red	
CORRECTIONAL CARE	uest (Recuesta Médica)
Inmate Name: NOTAL CARE	Nombre Del Preso:
Inmate Name: 15000000000000000000000000000000000000	Nombre Del Preso: Numero De Identificacion Del Preso:
INTEGRAL CARE Inmate Name: SPN #: Housing Unit:	Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo:
Inmate Name: SPN #: 0924 Housing Unit: Date: 10018 2016 Inmate request: 10018	Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha:
Inmate Name: SPN #: 6924 Housing Unit: Date: 1400 1800 1000	Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha:
Inmate Name: SPN #: 6924 Housing Unit: Date: 140118 2016 Inmate request: 11014 Make His rouest for Make His rouest for Course for dichic	Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha:
Inmate Name: SPN #: 6924 Housing Unit: Date: 140118 2016 Inmate request: 11014 Onchor Rundy to page Yole Charle my visit a request of the charles and the charles are requested as a request of the charles are requested as a requested as a request of the charles are requested as a request of the charles are requested as a requested	Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha:
Inmate Name: Spencer SPN #: 6924 Housing Unit: Seq. Inmate request: LIXII + to Make His request for Note Churt my usit a Caust for dichita	Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha: Razon De La Visita:

CASE 0:17-CY-05035-DSD-TND 3DPC-1-12 Elec D2/2017 WHOLE 30 OF 65
EXHIBIT 50

€ MEND

Medical Request (Recuesta Médica)

10	
Inmate Name: Mr. Ylinkiks, Spanner	Nombre Del Preso:
SPN#: 6424	Numero De Identificacion Del Preso:
Housing Unit: Beging Turn	Unidad Del Modulo:
Date: 1/2/1/2/3/2016	Fecha:
Inmate request: Emorconcy:	Razon De La Visita:
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my left fool 20	they my to bet the entermy
tole is in prien and	the thurst my factor
infactor, com O. Chamering	Lito go to the Kespille
Inmate Signature:	Firma Del Preso: 17/271
Received by:	Date: <u>4.23/8</u> Time: <u>///</u>
Addressed by:Date:	(Refer to medical chart for medical staff response.)
Inmate Seen: ☐ Yes ☐ No	Co-Pay Assessed: Yes No
Date: May Loft F	at
MEND Modical Pos	uest (Recuesta Médica)
CORRECTIONAL CARE	luest (Necuesta Medica)
Inmate Name: 11 (2011) 1911	Nombre Del Preso:
SPN #: 0474	Numero De Identificacion Del Preso:
Housing Unit: Sparial - 10.15149	Unidad Del Modulo:
Date: May	Fecha:
Inmate request: 1 Let 1 10 300	Razon De La Visita:
a doctor by leit host is id	L'am Mote récievang
18 Block was like at Hight	odequate medical for my
child is in whim. This paintful	would, or My Diabetes.
to walk on my feet.	10: Dr. lodd, Leonard.
Need see a real Doctor!	ONLY. New Provider Mcrd
Inmate Signature: (1) at the Spondos	Firma Del Preso:
Received by: W FN	Date: 5 8 16 Time: 0725
Addressed by: Date:	
Inmate Seen: ☐ Ves ☐ No	Co-Pay Assessed: Yes No



Date: May 16,2016

EXHIBIT 52

Medical Request (Recuesta Médica)

Inmate Name: Manual Aperican	Nombre Del Preso:
SPN #:	Numero De Identificacion Del Preso:
Housing Unit:	Unidad Del Modulo:
Date: 11/0v 16, 2,010	Fecha:
Inmate request: 1 ()CONF FO	Razon De La Visita:
request the recent	Charge my account
12-report From the	
· Yeart Daylor	25.4 to +11C
YOU CAN CLARGE	+300ct
Me for the Copy	Thanky
Inmate Signature: 11 Carum Ju	Firma Del Preso:

Received by:	Date: $\frac{5/15/14}{}$ Time: $\frac{0632}{}$
Addressed by: Date:_	(Refer to medical chart for medical staff response.)
Inmate Seen: ☐ Yes ☐ No	Co-Pay Assessed: Yes No
and the state of the	e de de recher de la companya de la
an angular panganan ang ang ang ang ang ang ang ang	RXHIBIT 53
MEND	EXHIBIT 53
	EXHIBIT 53 dical Inmate Memo
MEND CORRECTIONAL CARE Inmate Name: Mayun Spencer	
Inmate Name: Mayun Spencer	dical Inmate Memo
Inmate Name: March Spencer Spencer The pri	dical Inmate Memo Housing Unit: 6.130 L
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Inmate Name: March Spencer Spencer The pri	dical Inmate Memo Housing Unit: 6.130 L

White - Chart Copy

Yellow - Inmate Copy

CASE 0:17-cv-05035-DSD-TN1 (D0 0-1-1 Filed 11/06/17 Page 39 of 65 EXHIBIT 54

MEND

Medical Request (Recuesta Médica)

Inmate Name: Marin Spencer	Nombre Del Preso:
SPN#: LeGZ4	Numero De Identificacion Del Preso:
Housing Unit: NOVa	Unidad Del Modulo:
Date: (0-5-16	Fecha:
Inmate request: To See the	Razon De La Visita:
provider, My 4/cf+ Foot	
2d to e has trind	
over and is coosing	
Mr pain, Swelling	
Inmate Signature: Me Loven	Firma Del Preso:
Described by:	Date € / 6) + 6 Time: ○ 8 CO
	(Refer to medical chart for medical staff response.)
Inmate Seen: ☐ Yes ☐ No	Co-Pay Assessed: Yes No
MEND Medical Requirements of the connectional care	juest (Recuesta Médica)
Inmate Name: Marvid Bienocr	Nombre Del Preso:
SPN#: 10924	Numero De Identificacion Del Preso:
Housing Unit: Nac	Unidad Del Modulo:
Date: 6-3-16	Fecha:
Inmate request: To see the	Razon De La Visita:
doctor 4 allergic	
reaction to the	
Medication	
Inmate Signature:	Firma Del-Preso:
······································	
Received by:	Date: 67/16 Time: _0800
Addressed by: Date:_	(Refer to medical chart for medical staff response.)
Inmate Seen ☐ Yes ☐ No	Co-Pay Assessed: Yes No

CASE 0:17-cv-05035-DSD-TNI Do	oc. 1-1 Filed 11/06/17 Page 40 облитыт 56
MATAID	uest (Recuesta Médica)
Inmate Name Physian Sporice	Nombre Del Preso:
SPN#: 6924	Numero De Identificacion Del Preso:
Housing Unit: Neul	Unidad Del Modulo:
Date: 6-7-2016	Fecha:
Inmate request: 4 Cont 15	Razon De La Visita:
make a land to	Nazon bo La Visita.
Banio cen con X-	
Bul of My Stomark	
and FC+ JC	
MICIOF STOOL	
Inmate Signature: W/G/L Survey	Firma Del Preso:
	Date: 6/7//6 Time: 7>25
	(Refer to medical chart for medical staff response.)
Inmate Seen: ☐ Yes ☐ No	Co-Pay Assessed: Yes No
and the state of the	
Shors	EXHIBIT 57
Shors	
Shocs MEND CORRECTIONAL CARE Medical Rec	EXHIBIT 57 Juest (Recuesta Médica)
Shots Medical Rec	EXHIBIT 57 uest (Recuesta Médica) Nombre Del Preso:
MEND CORRECTIONAL CARE Inmate Name: Marvin Specier	EXHIBIT 57 Uest (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso:
MEND Medical Reconnectional care Inmate Name: Marvin Specker SPN #: Legay	IUEST (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo:
MEND CORRECTIONAL CARE Inmate Name: Marvin Specier SPN #: Legay Housing Unit: Sec	Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha:
MEND CORRECTIONAL CARE Inmate Name: Marvin Specker SPN #: Legay Housing Unit: Sea Date: March 13, 2016	IUEST (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha:
MEND CORRECTIONAL CARE Inmate Name: Marvin Specker SPN #: Legay Housing Unit: Secy Date: March 13, 2016 Inmate request: Lwart to	Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha:
MEND CORRECTIONAL CARE Inmate Name: Marvin Specker SPN #: Legay Housing Unit: Sea Date: March 13, 2016 Inmate request: L wart to Make a request for the	Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha:
MEND CORRECTIONAL CARE Inmate Name: Marvin Specker SPN#: Legaly Housing Unit: Sea Date: March 13, 2016 Inmate request: Lwant to Make a request for the Sate Lwas denired diabetic gym sizes, by Grwin. She Stated	Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha: Razon De La Visita:
MEND CORRECTIONAL CARE Inmate Name: Marvin Specker SPN#: Legaly Housing Unit: Sea Date: March 13, 2016 Inmate request: Lwant to Make a request for the Sate Lwas denired diabetic gym sizes, by Grwin. She Stated	Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha: Razon De La Visita:
MEND CORRECTIONAL CARE Inmate Name: Marvin Spencer SPN#: Legay Housing Unit: Sea Date: March 13, 2016 Inmate request: Lwart to Make a request for the Bate Lwas denied diabetic gym sizes, by	Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha: Razon De La Visita:
MEND CORRECTIONAL CARE Inmate Name: Marvin Specker SPN#: Legay Housing Unit: Dea Date: March 13, 2016 Inmate request: Lwart to Make a request for the date I was denied did not need stose at Hat Inmate Signature: Marvin Spenier	IUEST (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha: Razon De La Visita: Firma Del Preso:
MEND CORRECTIONAL CARE Inmate Name: Marvin Spencer SPN#: Legay Housing Unit: Sea Date: March 13, 2016 Inmate request: Lwart to Make a request for the date I was denired diabetic gym sizes, by Exwin. She stated I did not need slose of that	Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha: Razon De La Visita:

Inmate Seen: ☐ Yes ☐ No

Co-Pay Assessed: ☐ Yes ☐ No

	5035-DSD-TNL Doc. 1-1 Filed 11/06/17 Page 41 of 65 EXHIBIT 57
MEND	edical Request (Recuesta Médica)
Inmate Name:	
SPN #:	Numero De Identificacion Del Preso:
Housing Unit: Norta,	Unidad Del Modulo:
Date: Line 11, 2016	Facher
Inmate request: V www.	
Inmate request: He second time	Razon De La Visitat. Con loke the
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Inmate Signature:	en Upences Firma Del Preso:
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	90 Date: 6-11-10-Time: 203
Received by:	Date: Time:
Addressed by:	Date: (Refer to medical chart for medical staff respon
	- Day Day Assessed Vos No
Inmate S	Seen: ☐ Yes ☐ No Co-Pay Assessed: ☐ Yes ☐ No
Inmate S	Seen: Yes No Co-Pay Assessed: Yes No
Inmate S	
	ЕХНІВІТ 58
MEND Med	
MEND Med	EXHIBIT 58 dical Request (Recuesta Médica)
MEND Med	EXHIBIT 58 dical Request (Recuesta Médica) n Spancok Nombre Del Preso:
MEND RRECTIONAL CARE mate Name: Mexicanus PN#: 6024	dical Request (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso:
MEND RRECTIONAL CARE mate Name: Me Monus PN#: 6024 pusing Unit: Mana	dical Request (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo:
MEND RRECTIONAL CARE mate Name: Mexillownum PN#: 6024 pusing Unit: Maxa ate: 06/19/20/6	dical Request (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha:
MEND RRECTIONAL CARE mate Name: OCH ousing Unit: MEND Me OCH ousing Unit: MANUA ate: OCH OCH ousing Unit: MANUA OUSING UNITER O	Dical Request (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha: Razon De La Visita:
MEND RRECTIONAL CARE mate Name: Mc Manual PN #: 6024 pusing Unit: 19/20/6 mate request: 19/20/6 Moon in Health Signary	dical Request (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha:
MEND RRECTIONAL CARE mate Name: OCH Dusing Unit: MEND Me Me Manual Manual Me Me Me Me Me Me Me Me Me M	Dical Request (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha: Razon De La Visita:
MEND RRECTIONAL CARE mate Name: Me. Manual PN #: 6024 busing Unit: Manual ate: 06/19/20/6 mate request: Luriting Soon in Health Statutis. Land	dical Request (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha: Razon De La Visita: Medical App my foot In Jap my foot
MEND RRECTIONAL CARE mate Name: Men Manual PN#: 6024 pusing Unit: Manual mate request: Maritime mate request: Mari	Dical Request (Recuesta Médica) Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha: Razon De La Visita:

Date:

Inmate Seen: ☐ Yes ☐ No

Received by:

Addressed by:

Time: 2001

(Refer to medical chart for medical staff response.)

Co-Pay Assessed:
Yes
No

Addressed by:

Date:

Inmate Seen: Yes . No

_ (Refer to medical chart for medical staff response.)

Co-Pay Assessed: Yes No

Signature White - Chart Copy Yellow - Inmate Copy Copyright © 2013 MEnD Correctional Care, LLC

Minimum and the same					
Inmate Medical Request (Recuesta Médica)	Received by:Addressed by:	Inmate Signature:	Inmate request: Che Docont Mac Dicol Mac Dicol	├	CORRECTIONAL CARE
Seen: Yes		Dinny Hayell to	Holomo Coto	10100 -29-2016	Medical
J No Co-Pay Assessed:	Date:_	Firma Del Preso:	Razon De La Visita:	Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha:	Request (Recuest
sed:	Tir		DEM.	Preso:	esta Médica)
PLLC	se.)	ر در این از این از این از این ا			

EXHIBIT 64

Signature: White - Chart Copy Yellow - Inmate Copy Version 3	MEND CORRECTIONAL CARE Inmate Name: Medical Inmate Memo House House
_ De	EXHIBIT 65 lemo Housing Unit: Kalled And Ant
te: 8/1/HQ Copyright © 2013 MEnD Correctional Care, LLC	ing Unit:

Inmate Seen: [] Yes [Received by:	Inmate Signature: Mc Joseph	A Donne W Containe	work took have	The Box Courter for	Inmate request: \ have been		Housing Unit:	Inmate Name: IT CANANT TOWNSON
No Co-Pay Assessed: Yes No Co-Pay Assessed: Yes No Copyright © 2016 MEnD Correctional Care, PLLC	Date: $\frac{\mathcal{S}}{\mathcal{I}\mathcal{U}}$ Time: $\frac{\mathcal{I}\mathcal{I}}{\mathcal{I}}$	Firma Del Preso:				Razon De La Visita:	Fecha:	Numero De Identificacion Del Preso:	Nombre Del Preso:

EXHIBIT 66

Medical Request (Recuesta Médica)

NEND ALL

Inmate Seen: ☐ Yes ☐ No Medical Request (Recuesta Médica)	Addressed by:D	Received by:	Inmate Signature:	hanh	O DOCK C	Jack mich yak	The Don Many rocke	4th reguest to from	Inmate request: Um 17) rake	Date: (18/15/2016)	Housing Unit:	SPN #: (C/S-4)	Inmate Name: Manager with white	Medical	Date: 8
Co-Pay Assessed: Yes	Date: (Refer to medical chart for medical staff response.)	Date: 6-156 Time: 1020	Firma Del Preso:	2					Razon De La Visita:	Fecha:	Unidad Del Modulo:	Numero De Identificacion Del Preso:	Nombre Del Preso:	Request (Recuesta Médica)	8/15/16 Foot Pain EXHIBIT 67

Inmate Seen: ☐ Yes ☐ No Co-Pay Assessed: ☐ Yes ☐ No Medical Request (Recuesta Médica) Version 1 Copyright © 2016 MEnD Correctional Care, PLLC	Received by: Date: S/I4/(4 Time: 150) Addressed by: Date:, (Refer to medical chart for medical staff r	Inmate Signature: MONUM James Firma Del Preso:	HARLISION FROM MY	Know what bladed	Inmate request: 1 10010 Fecha: Razon De La Visita:	SPN #: LoCiott Numero De Identificacion Del Preso: Housing Unit: Note: Unidad Del Modulo:	Inmate Name: ON INDAC Nombre Del Preso:
lo nD Correctional Care, PLLC	Time: (500) rt for medical staff response.)						ledica)

MEND

Date 8-19-16

Inmate Seen: ☐ Yes ☐ No Medical Request (Recuesta Médica)	Addressed by:Da	Received by: M/53)	Inmate Signature: 11 COUNT SHOPPOR	0 / 0	August /2/16.	thry is all the control of the contr	happen to my share.	Inmate request: 1 12 Youth to KNOW	Date: 8-19-2016	Housing Unit: 1000	SPN #16924	Inmate Name: MONIN SICKED	CORRECTIONAL CARE
No Co-Pay Assessed: ☐ Yes ☐ No Copyright © 2016 MEnD Correctional Care, PLI	Date:(Refer to medical chart for medical staff response.)	Date: $8/19/14$ Time: 1500	CAEirma Del Preso:					Razon De La Visita:	Fecha:	Unidad Del Modulo:	Numero De Identificacion Del Preso:	Nombre Del Preso:	

Dαλε; 8-19-16

Medical Request (Recuesta Médica)

Medical Reques	Received by: _	Inmate Signature:	SPN #: 692 Housing Unit: // Spn Date: 8 24	CORRECTIONAL CARE
Inmate Seen: Yes No Medical Request (Recuesta Médica)	**************************************	iture: Mary Samuel	SPN #: 6924 Housing Unit: 1/4/2/4 Date: 8/2/2/4 Inmate request: 1/2/4	
No Co-Pay Assessed: ☐ Yes ☐ No Copyright © 2016 MEnD Correctional Care, PLLC	Date: S 24 10 Time: Duly Date: S 24 10 Time: Duly Date: S 24 10 Time: Duly	Firma Del Preso:	Nombre Del Preso: Numero De Identificacion Del Preso: Unidad Del Modulo: Fecha: Razon De La Visita:	

MEND

Medical Request (Recuesta Médica)

Date: 8-24-16

EXHIBIT 70

Inmate Seen: 🗌 Yes 🗌 No. Medical Request (Recuesta Médica)	Addressed by:	Received by:	Inmate Signature: My MUNA	Thank u	Drocerty.	prot from my U.S.	to have my medical	Inmate request: LEINH to (TEXES	Date:8/27/16	Housing Unit: Nova	SPN #16924	Inmate Name: Marvin Spencer	CORRECTIONAL CARE
No Co-Pay Assessed: Yes No Version 1 Copyright © 2016 MEnD Correctional Care, PLLC	Date: (Refer to medical chart for medical staff response.)	Date 2120/10 Time: 201430	Firma Del Preso:					Razon De La Visita:	Fecha:	Unidad Del Modulo:	Numero De Identificacion Del Preso:	Nombre Del Preso:	

MENU

Medical Request (Recuesta Médica)

EXHIBIT 71

EXHIBIT 73

TASKMAN NOTE

From: Kerr, Brian

Date: 12/29/2014 05:11 PM

To: Orders, DR

Subject: Spencer, Marvin

Priority: Urgent Category: Other

VORB per GB, IBU 600mg tab tid/prn x 5 days. Please order (Ok to use stock 200mg tab x3 until pharm order arrives).

Attachments:

Open chart: Spencer, Marvin

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EXHIBIT 74

TASKMAN NOTE

From: Kerr, Brian

Date: 12/29/2014 05:11 PM

To: Orders, DR

Subject: Spencer, Marvin

Priority: Urgent Category: Other

VORB per GB, IBU 600mg tab tid/prn x 5 days. Please order (Ok to use stock 200mg tab x3 until pharm order arrives).

Attachments:

Open chart: Spencer, Marvin

EXHIBIT 75

TASKMAN NOTE

From: Leonard, Todd Date: 12/31/2014 04:49 PM

To: Orders, DR

Subject: Spencer, Marvin

Priority: Normal Category: Other

Please give to patient,

Mr Spencer,

I have prescribed an additional antibiotic for your foot. It is called Bactrim. You will take it twice a day for 10 days along with the Augmentin. I have requested the medication for peripheral neuropathy of your feet called Cymbalta. I will let you know if there is a problem. I will see you in the clinic in about 1 month unless an urgent or emergent need comes up.

Thank you,

Gwen Blossom FNP

Attachments:

Open chart: Spencer, Marvin

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EXHIBIT 76

LOG NOTE

Date: 01/02/2015 01:24 PM

Patient: Spencer, Marvin DOB: 02/03/1963 Author: Thompson, Jennie R

Author: Thompson, Jennie R Sign Off Date: 01/02/2015 01:27 PM Signed Off By: Thompson, Jennie R

VORB from Dr. Leonard. Duloxetine HCL 30 mg 1 cap po at QAM x 2 weeks, then 2 caps po at QAM #60 with 3 refills.

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EXHIBIT 77

LOG NOTE

Date: 01/02/2015 01:24 PM

Patient: Spencer, Marvin DOB: 02/03/1963

Author: Thompson, Jennie R Sign Off Date: 01/02/2015 01:27 PM Signed Off By: Thompson, Jennie R

VORB from Dr. Leonard. Duloxetine HCL 30 mg 1 cap po at QAM x 2 weeks, then 2 caps po at

QAM #60 with 3 refills.

CASE 0:17-cv-05035-DSD-TNL Doc. 1-1 Filed 11/06/17 Page 57 of 65

EXHIBIT 78

Spencer, Marvin 02/03/1963 NURSE NOTE/VERBAL ORDERS

Office/Outpatient Visit

Visit Date: Thu, Jan 15, 2015 10:03 pm

Provider: Courtney McConnell, CMA (Supervisor: Todd Leonard, MD)

Location: Sherburne County Jail Medical Unit

Electronically signed by provider on 01/12/2015 Printed on 07/17/2017 at 2:48 pm.

SUBJECTIVE:

<u>HPI:</u> Inmate called to clinic for visual acuity. Performed visual acuity on the snellen chart. SGT 3418 present in the clinic during visit. Inmate stated that distance is not an issue that he is unable to see up close.

OBJECTIVE:

Exams: Visual Acuity: Right Eye 20/30 with 1 error. Left Eye 20/30 without error, 20/25 with 2 errors. Both Eyes 20/25 with 1 error

PLAN: Inmate returned to housing, sent to MD for review

ADDENDUMS:

Addendum: 01/20/2015 03:08 PM - Leonard, Todd A

Eye exam requested for diabetic follow up. GB

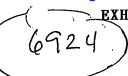
Exc Exhibit



Page 1 of 1



02/28/2015 10:31:22 AM



Report Status: Final SPENCER, MARVIN

Patient Information	Specimen Information	Client Information				
SPENCER, MARVIN DOB: 02/03/1963 AGE; 52 Gender: M Phone: 763.765.3850 Patient ID: 6924 Health ID: 8573013360665122	Specimen: WX410518H Requisition: 0000141 Collected: 02/27/2015 / 11:50 CST Received: 02/28/2015 / 01:34 CST Reported: 02/28/2015 / 10:20 CST	Client #: 22672673 4180000 BLOSSOM ENGLAND, GWENDOLYI SHERBURNE CTY JAIL 13880 BUSINESS CENTER DR ELK RIVER, MN 55330				

COMMENTS:

FAX RESULTS TO 763-765-3817

FASTING:NO

Test Name HEMOGLOBIN Alc

In Range

Out Of Range 8.5 H Reference Range <5.7 % of LoLal Hgb

Lab CB

According to ADA guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes-2013. Diabetes Care. 2013;36:s11-s66

For the purpose of screening for the presence of diabetes

<5.7%

Consistent with the absence of diabetes

5.7-6.4%

Consistent with increased risk for diabetes

(prediabetes)

>or=6.5%

Consistent with diabetes

This assay result is consistent with diabetes mellitus.

Currently, no consensus exists for use of hemoglobin Alc for diagnosis of diabetes for children.

PERFORMING SITE:

CB QUEST DIAGNOSTICS WOOD DALE, 1355 MITTEL BOULEVARD, WOOD DALE, IL 60191-1024 Laboratory Director: ANTHONY V. THOMAS, MD, CLIA: 14D0417052

9.1 December 2014

1 Law tus to 26 units

3/2/15

CLIENT SERVICES: 866.697.8378

SPECIMEN: WX410518H

PAGE 1 OF 1

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EXHIBIT 80

Spencer, Marvin 02/03/1963 **NURSE NOTE/VERBAL ORDERS**

Office/Outpatient Visit

Visit Date: Thu, Jan 8, 2015 11:14 am

Provider: Diana VanDerBeek, (Supervisor: Todd Leonard, MD; Assistant: Diana VanDerBeek,)

Location: Sherburne County Jail Medical Unit

Electronically signed by provider on 01/08/2015 Printed on 07/17/2017 at 2:48 pm.

SUBJECTIVE:

CC: Seen for daily dressing change

Allergies:

No Known Drug Allergies.

Current Medications:

NovoLog 100units/1ml Injection 4 units plus sliding scale at each meal Atorvastatin Calcium 40mg Tablet Take 1 tablet(s) at 2000 Clindamycin HCl 300mg Capsules 1 cap po tid x 10 days Duloxetine HCl 30mg Capsules 1 cap po at QAM x 2 weeks, then 2 caps po at QAM Vitamin D3 1,000IU Tablet 1 cap po at 0800 Lantus 100units/1ml Injection 24 Units at bedtime Muscle rub 1/4 med cup QHS/PRN. apply to feet for pain. Lisinopril/Hydrochlorothiazide 10mg/12.5mg Tablet 1 tab po at 0800

OBJECTIVE:

Vitals:

Current: 1/8/2015 11:19:27 AM Ht: 74 inches

T: 96.7 F (oral)

Exams: Maceration present in between toes on R foot noted. Stitches still intact. Small amount of serosanguous drainage noted on old dressing. Wound cleansed with NS and covered with Telfa and tape.

PLAN: Patient to be seen at clinc for future dressing change.

Sat Kolbinger

CASE 0:17-cv-05035-DSD-TNL Doc. 1-1 Filed 11/06/17 Page 60 of 65

EXHIBIT 81

Spencer, Marvin 02/03/1963

NURSE NOTE/VERBAL ORDERS

Office/Outpatient Visit

Visit Date: Fri, Jan 9, 2015 10:25 am

Provider: Diana VanDerBeek, (Supervisor: Todd Leonard, MD; Assistant: Diana VanDerBeek,)

Location: Sherburne County Jail Medical Unit

Electronically signed by provider on 01/09/2015 Printed on 07/17/2017 at 2:48 pm.

SUBJECTIVE:

CC: Patient seen for daily dressing change

Allergies:

No Known Drug Allergies.

Current Medications:

NovoLog 100units/1ml Injection 4 units plus sliding scale at each meal Atorvastatin Calcium 40mg Tablet Take 1 tablet(s) at 2000 Clindamycin HCl 300mg Capsules 1 cap po tid x 10 days Duloxetine HCl 30mg Capsules 1 cap po at QAM x 2 weeks, then 2 caps po at QAM Vitamin D3 1,000IU Tablet 1 cap po at 0800 Lantus 100units/1ml Injection 24 Units at bedtime Muscle rub 1/4 med cup QHS/PRN. apply to feet for pain. Lisinopril/Hydrochlorothiazide 10mg/12.5mg Tablet 1 tab po at 0800

OBJECTIVE:

Exams: Wound appears further pulled apart for last visit. Maceration present in between toes on R foot noted. . Small amount of serosanguous drainage noted on old dressing. Wound cleansed with NS and covered with Telfa and tape.

PLAN: Sent to provider for approval of three blankets for positioning and review regarding stitches

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Foot Issuse

EXHIBIT 82

Spencer, Marvin 02/03/1963 NURSE NOTE/VERBAL ORDERS

Office/Outpatient Visit

Visit Date: Sat, Jan 10, 2015 07:33 pm

Provider: Alyssa Pfeifer, RN (Supervisor: Todd Leonard, MD)

Location: Sherburne County Jail Medical Unit

Electronically signed by provider on 01/10/2015 Printed on 07/17/2017 at 2:48 pm.

SUBJECTIVE:

CC:

Inmate seen in clinic for dressing change.

HPI:

Inmate reports new cuts appeared after taking a shower and scrubbing. Denies picking at foot.

Allergies:

No Known Drug Allergies.

Current Medications:

NovoLog 100units/1ml Injection 4 units plus sliding scale at each meal Atorvastatin Calcium 40mg Tablet Take 1 tablet(s) at 2000 Clindamycin HCl 300mg Capsules 1 cap po tid x 10 days Duloxetine HCl 30mg Capsules 1 cap po at QAM x 2 weeks, then 2 caps po at QAM Vitamin D3 1,000IU Tablet 1 cap po at 0800 Lantus 100units/1ml Injection 24 Units at bedtime Muscle rub 1/4 med cup QHS/PRN. apply to feet for pain. Lisinopril/Hydrochlorothiazide 10mg/12.5mg Tablet 1 tab po at 0800

ASSESSMENT:

Right anterior foot 4th toe appeared two approximately 4mm red abrasions, small amount of blood noted when dabbed with gauze.

Maceration between 3rd and 4th toe, appears white and moist. Stitches in tact. Wound dry.

Cleaned with normal saline and dried with gauze. Wound covered with 3/4th of non-adhesive Tefla and secured with 2 strips of tape.

Calm and cooperative. Normal steady gait. Made good eye contact. Inmate removed shoe and sock and then spread toes apart and touched open wounds.

PLAN:

Instructed inmate to not touch wounds and not to pick at wounds. Instructed inmate to not scrub wounds, instead let water run over them and air dry. Inmate verbalized understanding. Inmate ambulated back to housing unit.

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Foot ssuse

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Spencer, Marvin 02/03/1963

NURSE NOTE/VERBAL ORDERS

Office/Outpatient Visit

Visit Date: Sun, Jan 11, 2015 05:54 pm

Provider: Alyssa Pfeifer, RN (Supervisor: Todd Leonard, MD)

Location: Sherburne County Jail Medical Unit

Electronically signed by provider on 01/11/2015 Printed on 07/17/2017 at 2:48 pm.

SUBJECTIVE:

CC:

Inmate seen in clinic for dressing change.

HPI:

Reports foot "feels good" today. Reports not planning on taking a shower today but washes foot every day. Inmate removed sock, shoe and wound dressing from right foot.

Allergies:

No Known Drug Allergies.

Current Medications:

NovoLog 100units/1ml Injection 4 units plus sliding scale at each meal Atorvastatin Calcium 40mg Tablet Take 1 tablet(s) at 2000 Clindamycin HCl 300mg Capsules 1 cap po tid x 10 days Duloxetine HCl 30mg Capsules 1 cap po at QAM x 2 weeks, then 2 caps po at QAM Vitamin D3 1,000IU Tablet 1 cap po at 0800 Lantus 100units/1ml Injection 24 Units at bedtime Muscle rub 1/4 med cup QHS/PRN. apply to feet for pain. Lisinopril/Hydrochlorothiazide 10mg/12.5mg Tablet 1 tab po at 0800

ASSESSMENT:

Right anterior foot 4th toe appeared an approximately 3mm red abrasion, and a scabbed 4mm area on distal of other area on toe, dry and no drainage noted.

Maceration between 3rd and 4th toe, appears white and moist. Stitches in tact. Skin surrounding wound appears dry, natural skin color, and no swelling noted.

Cleaned with normal saline and dried with gauze. Wound covered with 3/4th of non-adhesive Tefla and secured with 2 strips of tape.

Calm and cooperative. Normal steady gait. Made good eye contact.

PLAN:

Inmate ambulated back to housing unit.

Inmate to be seen tomorrow for dressing change.

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EXHIBIT 84

Spencer, Marvin 02/03/1963 NURSE NOTE/VERBAL ORDERS

Office/Outpatient Visit

Visit Date: Mon, Jan 19, 2015 06:25 pm

Provider: Michelle Skroch, RN (Supervisor: Todd Leonard, MD)

Location: Sherburne County Jail Medical Unit

Electronically signed by provider on 01/19/2015 Printed on 07/17/2017 at 2:48 pm.

SUBJECTIVE:

CC: Right foot wound recheck

OBJECTIVE:

Exams: Top half of wound scabbed over. Bottom half that is between the toes is closing, but still has maceration present. First layer of skin gone up to the ankles. 4th toes missing first couple layers of the skin - reddened but not open to deep layers of the skin. He reports that is from wearing jail shoes - that is why he wears his shower shoes in the right foot and normal jail shoe in the left foot. No odor. No swelling. No redness. Gait normal.

PLAN: Inmate advised to not pick at area - he got defensive and hostile to RN. 1 packet of antibiotic ointment given - instructed to apply after shower tonight and leave area open to air when going to bed. Also told to not spread 3rd and 4th toes apart. He verbalized understanding. Dr. Todd consulted - to check on foot daily, ok to leave open at this point.

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EXHIBIT 85

Spencer, Marvin 02/03/1963 NURSE NOTE/VERBAL ORDERS

Office/Outpatient Visit

Visit Date: Wed, Jan 28, 2015 04:53 pm

Provider: Michelle Skroch, RN (Supervisor: Todd Leonard, MD)

Location: Sherburne County Jail Medical Unit

Electronically signed by provider on 01/28/2015 Printed on 07/17/2017 at 2:48 pm.

SUBJECTIVE:

CC: Sick call 1-28-15 "I want to request the side effects to the medication duloxetine HCL 30mg 2 caps Thank you."

PLAN: List of side reviewed with Np Gwen and sent to inmate. See paper chart.

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EXHIBIT 86

Spencer, Marvin 02/03/1963 NURSE NOTE/VERBAL ORDERS

Office/Outpatient Visit

Visit Date: Thu, Jan 29, 2015 10:20 pm

Provider: Alyssa Pfeifer, RN (Supervisor: Todd Leonard, MD)

Location: Sherburne County Jail Medical Unit

Electronically signed by provider on 01/29/2015 Printed on 07/17/2017 at 2:48 pm.

SUBJECTIVE:

CC:

Housing unit called reporting inmates HS blood sugar was 86 and refused to take Lantus 24 units and would like to take 15-16 units instead. CO informed inmate that its all 24 units or none at this point and would notify clinic. Inmate was given HS snack.

PLAN:

VORB form Dr. T.L. for: Lantus 16 units subq now

Notified housing CO of provider's order and he read correct order back.

ADDENDUMS:

Addendum: 01/30/2015 10:41 AM - Leonard, Todd A

GB